PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

02-896-A

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			47		-	-	· F	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			y 7 mir	nús 20=	* 27			X\$ 9=	243	OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 = *			2		X43=	86	OR	X86=	* 1.	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=	0	OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL	714	OR	TOTAL		
CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
		(Column 1)	(Column 2)			(Column 3)		SIVIALL			SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CLAIM	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		AL	7011. FEE			ADDII. I EEI							
Г		(Column 1) CLAIMS	_	(Colun		(Column 3)			ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=		
AME.	Independent	*	Minus	***		=		X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 1 45 -			+290=		
							L	+145= TOTAL		OR	TOTAL		
							AD	DIT. FEE		OR	ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)	1						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	*	Minus	**	•	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		On			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								•	OR	TOTAL ADDIT, FEE		
		mber Previously Painber Previously Pai						DIT. FEE L	ropriate box				